

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for a Commission ordered Required Medical Examination.
- b. The request was received on April 2, 2002

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. Initial response not submitted.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on September 10, 2002. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit 2 of the Commission's case file.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated April 11, 2002 that...
"...Numerous attempts have been made to collect the outstanding balance on this account with telephone calls, letters of appeals..."
2. Respondent: Response not submitted. Per EOB dated 3/20/02, the respondent has denied payment as "F – FEE GUIDELINE MAR REDUCTION RE-EVALUATION. CARRIER ONLY RESPONSIBLE FOR PHARMACY BILLS ON THIS CLAIM."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is May 29, 2001.
2. Based on Commission Rule 408.004(c) the insurance carrier shall pay for an examination under Subsection (a) or (b) of this ruling. Therefore, reimbursement in the amount of \$180.00 is recommended.

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$180.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 23rd day of January 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf